

Barriers and facilitators of multidisciplinary team working: a review

Abstract

Professionals from many different organisations can be involved in the care of a child, especially a child with special/complex needs. A literature review was undertaken to explore some of the barriers and facilitators of joint working with the aim of informing local practices.

Different models of joint working and the barriers and facilitators to effective multidisciplinary team working were identified. Four of the most prominent themes for effective working were: co-location; key workers; appreciation for other agencies; communication and information sharing.

A multi-faceted approach incorporating a variety of strategies such as meetings, improving working relationships, and developing communication networks may prove successful in facilitating more effective multidisciplinary working than one single strategy.

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Multi-professional, community-based services are seen as an effective means of delivering a high standard of care to children and families (Youngson-Reilly *et al* 1995, Borrill 2002, Tait *et al* 2002). This means that many professionals from many different organisations can be involved in the care of a child, especially a child with special/complex needs. The numbers of people involved highlight the need for agencies to communicate and work together to ensure that services are not missed or duplicated (Cass *et al* 1999). The concept of joint or team working is central to *Every Child Matters* (DFES 2003), *The Children Act* (2004) and the *National Service Frameworks in England and Wales* (Department of Health 2004, Welsh Assembly Government 2005).

If it is effectively implemented, team working improves service provision and leads to better standards of care, lower levels of stress for parents, job satisfaction for staff, better communication, pooling of skills and resources and mutual support for agencies as well as for the child and family (Borrill 2002, Cameron *et al* 2000, Watson *et al* 2002, 2004).

Joint working brings many benefits but the differences between agencies that follow different disciplines, have different training, different methods of working, goals and priorities, and often work in different buildings, can prevent the realisation of these benefits (Cameron *et al* 2000). As a community children's nurse (CCN) and a specialist school health nurse, I have seen many good examples of multidisciplinary team working but I have also seen, and been involved in, situations where professionals have failed to communicate and work together. This can result in: care being duplicated, poorly managed or omitted; clinical incidents; patient and carers losing trust/confidence

in professionals; breach of professional codes of conduct.

The incident summarised in Box 1, and similar observations, has caused me and possibly others to question whether multidisciplinary working is being effectively implemented in the local area. This article reports on a review of evidence to identify factors that may hinder effective multidisciplinary team working with the aim of addressing such factors to try to improve team working within my workplace.

The review

The BNI (British Nursing Index), CINAHL, MEDLINE® and HEBS databases were searched using the terms: joint working, collaboration, multi-agency/disciplinary, interagency/disciplinary, inter-professional relations, family and community. Searches were restricted to UK research-based articles written since 1995. Over 100 references were identified; only those research-based articles exploring multi-agency working within children's community services, particularly in relation to children with disabilities, were included. A review by Sloper (2004) identified the facilitators and barriers for co-ordinated multi-agency services and provided added weight to the findings derived from the research-based articles. References found within articles also proved useful and university websites were accessed to obtain original studies. Following the second stage of the selection process only 21 articles remained.

Commack's (2000) framework for assessing the reliability and validity of the articles was used during the final stage of the selection process. Following this process, seven research articles and one review were selected and reviewed using the hierarchy of evidence (Stetler *et al* 1998) to rank studies according to the strength of evidence they provided.

Key words

- Children:
 - complex needs
- Community children's nursing
- Multidisciplinary teams
- Communication

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Box 1. Case study

While working as a specialist school health nurse I became concerned about a child who showed signs of being neglected. This child was 13 years old, had severe learning difficulties and was unable to communicate verbally. After liaising with the trust's child protection officer, I contacted the child's social worker to share my concerns. The social worker decided that as this was an isolated incident she would visit the parent and monitor the situation. Over the subsequent months my concerns grew and once again I reported my concerns to the social worker.

During a conversation with a professional from another agency I found out that she had concerns about one of the child's siblings but had not felt it necessary to share the information. Discussion with a number of professionals involved with this family identified a number of concerns and it was agreed that the family was in urgent need of a comprehensive package of help and support to ensure that the needs of the children and family were met.

While this case eventually had a satisfactory conclusion, earlier intervention would have been possible if the professionals had shared their concerns from the outset. Failure to communicate would have resulted in a worsening situation, with adverse effects on the family members and the family unit as a whole.

Results

Different models of joint working and the barriers and facilitators to effective multidisciplinary team working were identified. Examples of effective multidisciplinary teams include the community children's nursing (CCN) team evaluated by Danvers *et al* (2003). They used a longitudinal multi-method approach with action research, enabling the researchers to work with participants with the aim of improving practice. Semi-structured interviews, questionnaires and focus groups consisting of staff and parents, descriptive data from documentation and observations of steering group meetings were all used to obtain data. Their findings showed that the team communicated effectively, maintained good links with the hospital and demonstrated an awareness of the roles and responsibilities of others, which facilitated good interdisciplinary networking. The service was supported by staff, who reported high levels of job satisfaction and families who valued the service that they felt met their needs (Danvers *et al* 2003).

A number of common themes were identified in the literature review. Table 1 lists those factors that have been found to hinder effective multidisciplinary team working; Table 2 lists some means through which multidisciplinary team working could be more effectively implemented. Those factors that are thought to hinder effective multidisciplinary working are not insurmountable and can be overcome if time and resources are dedicated to tackling the issues. Ironically, many of these barriers such as 'poor professional relationships' and 'lack of trust and confidence in the abilities of other professionals' can, in part, be overcome through effective multidisciplinary team working itself.

Four of the most prominent themes for effective working are further discussed below. These were: co-location; key workers; appreciation for other agencies; communication and information sharing.

Co-location

Co-location is a term used to describe professionals from health, social services and education working together at the same location (Mukherjee *et al* 1999), which often takes the form of a children's centre such as the one at the Princess of Wales Hospital in Bridgend. There is substantial support for co-location, with evidence that it can benefit staff as well as children and their families. Cigno and Goire (1999) used covert, non-participant observation as well as focus groups and semi-structured interviews to determine the effectiveness of a children's centre. Parents were very satisfied with the children's centre; they liked the convenience of professionals being in the same place and welcomed the opportunity to participate in their child's multi-agency assessments. Staff were also in favour of the centre but acknowledged that there was still some room for improvement.

These findings reflect those from other studies (Cameron *et al* 2000, Danvers 2003, Watson *et al* 2002, 2004) which have shown that co-location can help to use time and resources more effectively,

service quality

aid communication and information sharing, improve relationships between professionals and between professionals and parents.

Key workers

Children with disabilities and complex healthcare needs typically require an increased level of intervention and support from a wide range of agencies within primary and secondary care. Rather than working together and co-ordinating services, research has shown that agencies often work independently with little, or no, co-ordination, resulting in parents receiving conflicting advice with duplication or gaps in service provision (Murkherjee *et al* 1999, 2000, Townsley *et al* 2004, Liabo 2001). Key workers offer a solution as they co-ordinate services as well as acting as a single point of contact for the families. Other benefits include easier access to services, and better relationships between professionals and between parents and professionals (Cigno and Goire 1999, Liabo 2001, Mukherjee *et al* 1999, 2000, Sloper 2002, Watson *et al* 2002, 2004).

Greco and Sloper (2004) carried out a postal survey of 225 teams for children with disability across the UK to obtain information about care co-ordination and key workers. The majority of services that responded used either full-time key workers who were designated to families, or part-time key workers who worked with several families. Greco and Sloper are currently exploring the implications and effectiveness of these different models of key workers. It was encouraging that efforts had been made to increase parental involvement and participation in key worker schemes, because, as users, their involvement is necessary to ensure the service meets the needs of the child and their family. Some of the key workers received specific training; Murkherjee *et al* (1999, 2000) advocated training for all key workers to enable them to gain an understanding of their roles and responsibilities and that of other professionals.

Appreciation for other agencies

Studies conducted by Cigno and Goire (1999), Cameron *et al* (2000) and Watson *et al* (2002, 2004) and Sloper's (2004) review all suggested that lack of awareness and appreciation for the roles and responsibilities of other agencies often prevents effective collaboration. Teare (2001) used focus groups, which enabled her to observe interaction between the participants, to explore the

Table 1

Factors that can hinder effective multidisciplinary working

- Separate documentation
- Poor working relationships
- Lack of awareness and appreciation of the roles and responsibilities of others
- Limited time and resources
- Overlapping of roles and duplication of services
- Poor communication
- Lack of information sharing
- Lack of collaboration
- Lack of trust and confidence in the abilities of other agencies
- Increased workload
- Lack of appropriately trained staff
- Constant re-organisation.

(Goire and Cigno 1999, Teare *et al* 2001, Lambing 2003, Sloper 1999, 2002, 2004, Watson *et al* 2002, 2004, Danvers 2003)

professional relationships between community children's nurses and primary care nurses. The findings suggested that lack of knowledge and appreciation of other agencies can result in professionals feeling threatened, particularly in cases where their roles and responsibilities could overlap. Interagency/joint training and exercises to promote team building have been suggested as means of raising awareness and promoting collaborative relationships among professionals (Cameron *et al* 2000, DH 2004, Sloper 2004).

Communication and information sharing

Effective communication and sharing of information are essential to successful multidisciplinary team working and are the basis for many recommendations and policies

promoting collaborative working (DFES 2003, DH 2004). However evidence suggests that there is still a need to improve communication, not just among professionals in the community, but also between community and hospital staff, as well as the between professionals and the family (Teare *et al* 2001, Cameron *et al* 2000, Watson *et al* 2002, 2004).

Over a number of years many reports have

raised concerns regarding the lack of multi-agency working and poor communication between agencies in relation to child protection. Children with disabilities and special needs are known to be at increased risk of abuse so there is clearly an even greater need for agencies to work together and share information to ensure children are protected from harm (DH 1991, Birchall and Hallett 1996, Welsh Assembly Government 2002).

Teams can learn from each other about ways of improving communication and working more closely with the child and family, as well as with professionals. Our CCN team holds regular team and multidisciplinary team meetings to discuss individual cases and share information. Minutes from these meetings are distributed to all those professionals involved in the care of the child and family, even if they are unable to attend the meetings. Healthcare plans are completed by the CCN and the parents as they serve as a useful means of obtaining and sharing information about the

Table 2

Factors that can enhance multidisciplinary team working

- Dedicated time and resources.
- Good communication and information sharing
- Networking
- Integrated working/collaboration
- Commitment from staff
- Effective leadership and management systems
- Partnership with children and families
- Key workers
- Co-location
- Inter-agency training
- Awareness of benefits associated with effective joint working
- Shared/Universal records
- Awareness/appreciation for the roles of other professionals.

(Borrill *et al* 2002, Cameron *et al* 2000, Cigno and Goire 1999, Danvers 2003, DFES 2003, Greco and Sloper 2004, Higgins 1994, Liabo 2001, Lambing 2003, Lyne *et al* 2001, DH 2004, Mukherjee *et al* 1999, Sloper 1999, 2002, 2004, Teare 2001, Thornes 1993, Townsley and Robinson 2000, Watson *et al* 2002, 2004).

child and his or her healthcare needs. The CCN and the parent identify areas requiring attention about which relevant professionals are contacted, information shared and a plan of care devised and implemented.

The team have also devised and distributed a quarterly newsletter to inform professionals and parents about recent developments, projects and initiatives as well as provide sources of additional information. This newsletter has received much praise and demonstrates an effective means of liaising with parents and professionals, sharing information and encouraging team working.

Measures such as these are already being implemented in many areas and may seem simple to introduce. However, their success relies on all professionals acknowledging the benefits associated with multidisciplinary team working and agreeing to overcome barriers, working together towards common goals. A multi-faceted approach incorporating a variety of strategies such as meetings, improving working relationships, and developing communication networks may prove more successful in facilitating effective multidisciplinary working than using one single strategy.

'Teams can learn from each other about ways of improving communication and working more closely with the child and family, as well as with professionals'

Conclusion

Multidisciplinary working is not only desirable, it is essential if we are to meet the holistic needs of our clients. Children and their parents are important members of the multidisciplinary team as their presence ensures that care is tailored to meet their individual needs. The case study in Box 1 highlights the need for professionals to communicate and work together more effectively. Further research in this area would help to ascertain whether a multi-faceted approach incorporating some or all of the themes identified in this review would actually lead to more effective multidisciplinary team working.

Although teams may be co-located and have good systems in place, such as keyworkers and team meetings, there is always room for review and improvement. Focusing on the benefits associated with multidisciplinary team working and taking a multi-faceted approach to overcoming barriers will help facilitate improvements. Whatever steps are taken to work towards making multidisciplinary team working more effective, it is important that once implemented their effectiveness is closely monitored and evaluated. Only through evaluation can problems be identified and more effective methods implemented **PN**

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